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## BIB DATA SHEET

CONFIRMATION NO. 2357

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/587,887	07/27/2006	702	2863	2512.1550001(04US0070)
<b>RULE</b>				
<b>APPLICANTS</b> Theodore W. Jochum, Fort Collins, CO; Daniel N. Fox, Fort Collins, CO; Thomas L. Thrasher, Fort Collins, CO; George Malachowski, Melbourne, AUSTRALIA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US05/06380 02/28/2005 which claims benefit of 60/550,240 03/03/2004 <div style="border: 1px solid black; padding: 2px; display: inline-block;">Okay /SKK/</div>				
<b>** FOREIGN APPLICATIONS *****</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">None /SKK/</div>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/16/2007				
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/SUJOY K KUNDU/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWINGS</b> 7	<b>TOTAL CLAIMS</b> 16 <div style="border: 1px solid black; padding: 0 5px;">16</div>
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> STERNE KESSLER GOLDSTEIN & FOX, P.L.L.C. 1100 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005 UNITED STATES				
<b>TITLE</b> System for high dynamic range analysis in flow cytometry				
<b>FILING FEE RECEIVED</b> 600	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees (Filing)         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees (Issue)         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit         </div>	